

## BIDDERS MAILING LIST APPLICATION

The following constitutes a request by the applicant to be placed on a list of suppliers who will be tendered solicitations to furnish indicated materials/services to the City.

**Return this application to:**

**St. Charles Parish President's Office  
C/O Purchasing Office  
P.O. Box 302  
Hahnville, LA 70057  
(985) 783-5000  
Fax (985) 783-5015 / (985) 783-5016**

|   |   |
|---|---|
| <b>APPLICANT'S NAME AND PHYSICAL ADDRESS:</b> | <b>TYPE OF ORGANIZATION:</b><br><br>____ <b>INDIVIDUAL</b><br><br>____ <b>PARTNERSHIP</b><br><br>____ <b>CORPORATION - STATE</b> _____<br><br><b>FEDERAL ID NO.</b> _____ |
|---|---|

|   |  |
|---|--|
| <b>AVERAGE NUMBER OF EMPLOYEES:</b> _____ | <b>HOW LONG IN PRESENT BUSINESS:</b> _____ |
|---|--|

|   |                            |
|---|----------------------------|
| <b>ADDRESS TO WHICH SOLICITATION IS TO BE MAILED:</b> | <b>REMITTANCE ADDRESS:</b> |
|---|----------------------------|

**PERSONS AUTHORIZED TO GIVE QUOTES AND SIGN BIDS: (LIST MAIN CONTACT PERSON FIRST)**

|    | NAME  | OFFICIAL CAPACITY | TELEPHONE NUMBER |
|----|-------|-------------------|------------------|
| 1. | _____ | _____             | _____            |
| 2. | _____ | _____             | _____            |
| 3. | _____ | _____             | _____            |
| 4. | _____ | _____             | _____            |

**NAME & TITLE OF PERSON AUTHORIZED TO SIGN:** \_\_\_\_\_

\_\_\_\_\_

**SIGNATURE :** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_

**LIST AND/OR ATTACH YOUR COMMODITIES/SERVICES BELOW:**

